



# FACTORY ASSEMBLED STRUCTURES ALTERATION APPLICATION

## INSTRUCTIONS:

1. Complete all spaces, including the signature box (marked with an X).
2. Draw a map on reverse side.
3. Forward completed application and fees to the nearest L&I office.
4. Contact and schedule the inspection(s) with your local L&I office.

**\*\*The Department charges a refund fee for permits purchased in error.\*\***

Permit number

☐ I authorize payment for this permit to be taken from my contractor's deposit account.

Owner	Last name	First name	Day time phone	Date
			( )	
Site Address		City	State	ZIP
Installer/Contractor/Dealer		Phone	Contractor's registration number	
		( )		
Address		City	State	ZIP+4
Email address		HUD Number(s)		

## Manufactured/Mobile Home (M/H)

### Mechanical

<input type="checkbox"/>	Heat Pump	
<input type="checkbox"/>	Air Conditioning	
<input type="checkbox"/>	Furnace Installation (gas or electric)	
<input type="checkbox"/>	Gas Piping	
<input type="checkbox"/>	Wood Stove	Serial No.
<input type="checkbox"/>	Pellet Stove	Serial No.
<input type="checkbox"/>	Gas Room Heater	Serial No.
<input type="checkbox"/>	Gas Decorative Appliance	Serial No.
<input type="checkbox"/>	Range: changing from electric to gas	
<input type="checkbox"/>	Gas Water Heater replacement	
<input type="checkbox"/>	Water Heater: changing from electric to gas	

### Plumbing

<input type="checkbox"/>	Fire sprinkler system (also requires a plan review)
<input type="checkbox"/>	Each added fixture
<input type="checkbox"/>	Replacement of water piping system

### Structural

<input type="checkbox"/>	Inspection as part of a mechanical installation (cut truss/floor joist, sheet rocking)
<input type="checkbox"/>	Reroofs (may require a plan review)
<input type="checkbox"/>	Changes to home when additions bear loads on home per the design of a professional (also requires a plan review)
<input type="checkbox"/>	Other structural changes (may require a plan review)
<input type="checkbox"/>	Fire Safety

### Place fee amount in proper box

### Electrical

<input type="checkbox"/>	Heat pump
<input type="checkbox"/>	Air Conditioner
<input type="checkbox"/>	Furnace Installation (gas or electric)
<input type="checkbox"/>	Wood Stove (if applicable)
<input type="checkbox"/>	Pellet Stove (if applicable)
<input type="checkbox"/>	Gas Room Heater
<input type="checkbox"/>	Gas Decorative Appliance (if applicable)
<input type="checkbox"/>	Range: changing from gas to electric
<input type="checkbox"/>	Electric Water Heater replacement
<input type="checkbox"/>	Electric Water Heater replacing Gas Water Heater
<input type="checkbox"/>	Each added or modified circuit
<input type="checkbox"/>	Hot Tub or Spa (power from home electrical panel)
<input type="checkbox"/>	Replace main electrical panel
<input type="checkbox"/>	Low Voltage Fire/Intrusion Alarm
<input type="checkbox"/>	Fire Safety

### Miscellaneous

<input type="checkbox"/>	Plan review
<input type="checkbox"/>	Insignia
<input type="checkbox"/>	Homeowner Request
<input type="checkbox"/>	Variance Request
<input type="checkbox"/>	Decertification
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Other _____

## Factory Built Structures

**Note: All FBS permits require insignia.**

<input type="checkbox"/>	COMMERCIAL COACH (CC/VEN)	<input type="checkbox"/>	VENDOR/MEDICAL UNIT (CC/VEN)
<input type="checkbox"/>	RECREATIONAL VEHICLE (RV)	<input type="checkbox"/>	RECREATIONAL PARK TRAILER (RPT)

**Note: This permit expires one year after date of purchase. (Non-refundable)**

<input type="checkbox"/>	Work is completed at this time. An inspection is requested.
<input type="checkbox"/>	Work is NOT completed at this time, I will call when ready.

Make check payable to: Dept. of Labor & Industries

**TOTAL FEE DUE \$**

Signature of applicant or authorized representative

**X**

**Draw map giving directions to location of the home being altered.**

**N**

**W**

**E**

**S**